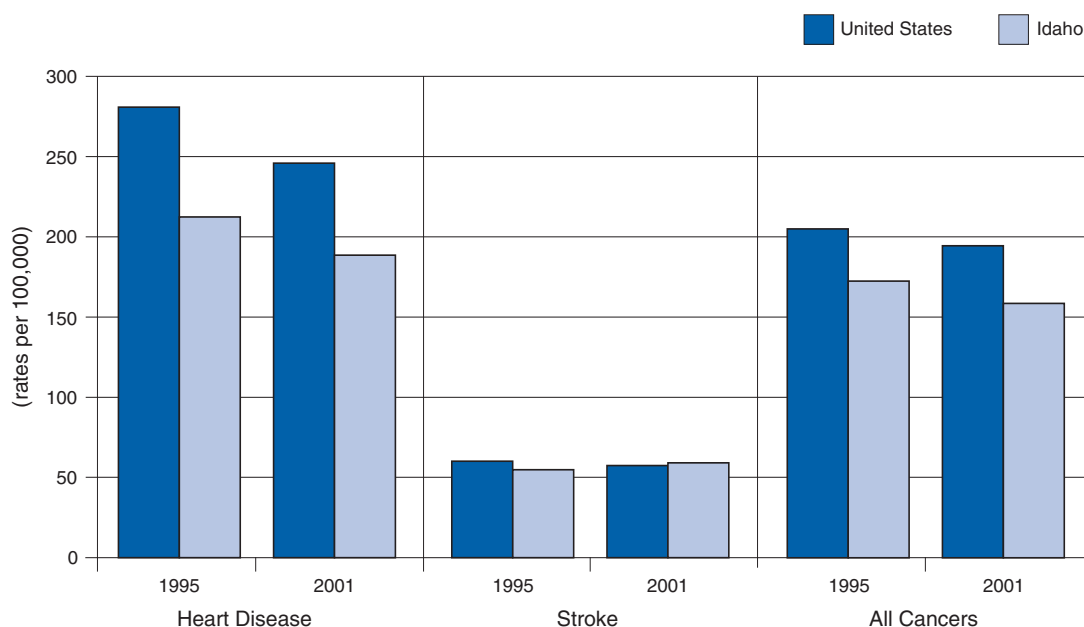


## Chronic Diseases: The Leading Causes of Death

### The Leading Causes of Death

United States and Idaho, 1995 and 2001



Source: National Center for Health Statistics, 2003

### The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

### Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

# The Leading Causes of Death and Their Risk Factors

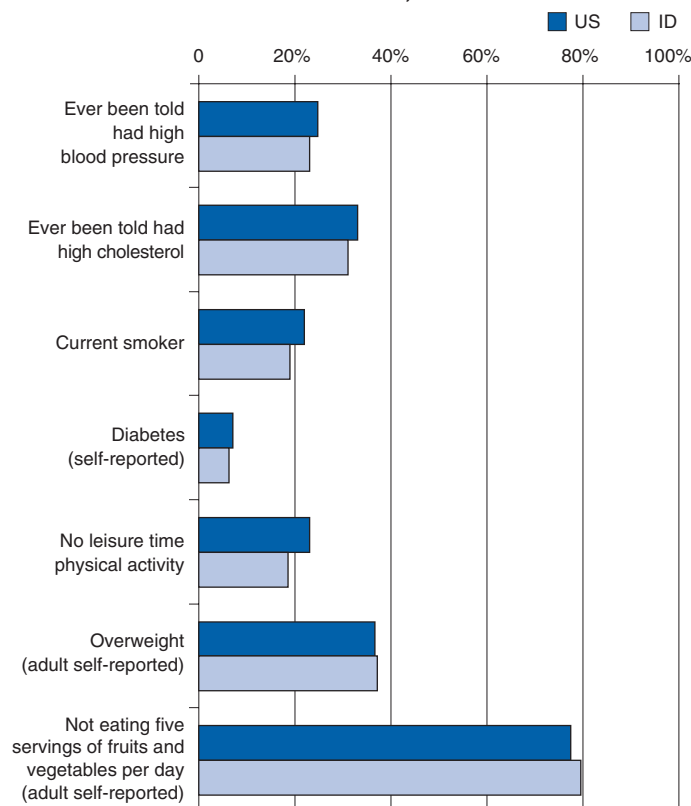
## Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in Idaho, accounting for 2,489 deaths or approximately 26% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 781 deaths or approximately 8% of the state's deaths in 2001.

### Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

## Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 2,250 are expected in Idaho. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 5,460 new cases that are likely to be diagnosed in Idaho.

Estimated Cancer Deaths, 2004

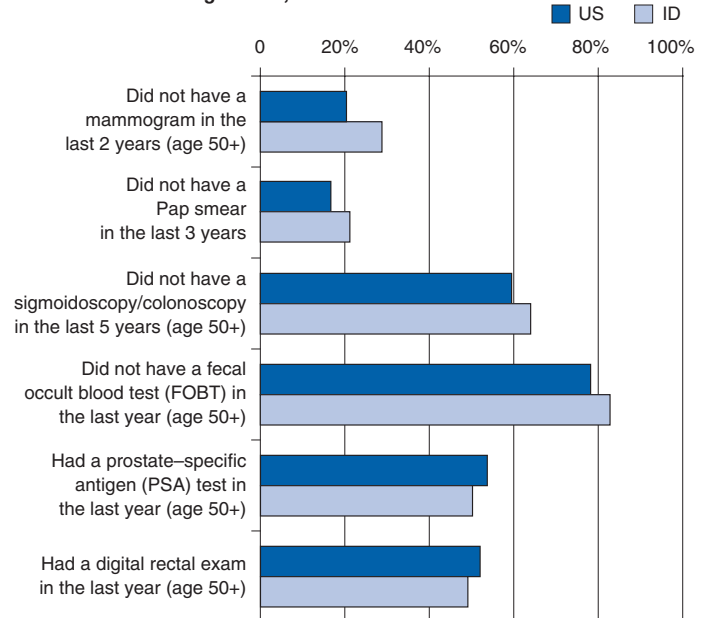
Cause of death	US	ID
All Cancers	563,700	2,250
Breast (female)	40,110	170
Colorectal	56,730	210
Lung and Bronchus	160,440	610
Prostate	29,900	140

Source: American Cancer Society, 2004

### Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

# Idaho's Chronic Disease Program Accomplishments

## Examples of Idaho's Prevention Successes

- A lower prevalence rate than the corresponding national rate for current smokers (19% in Idaho versus 22% nationally) and lower lung cancer death rates for men (59.7 per 100,000 in 2000) and women (34.5 per 100,000) than the national rates (76.9 per 100,000 for men nationally and 41.2 per 100,000 for women nationally).
- A 17.5% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 46.3% in 1992 to 28.8% in 2002).
- A higher prevalence rate than the corresponding national rate for self-reported participation in leisure time physical activity (81.4% in Idaho versus 76.9% nationally).

## CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to Idaho in the areas of cancer, heart disease, stroke, and related risk factors.

### CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for Idaho, FY 2003

<b>SURVEILLANCE</b>	
Behavioral Risk Factor Surveillance System (BRFSS) <i>Idaho BRFSS</i>	\$159,813
National Program of Cancer Registries <i>Cancer Data Registry of Idaho</i>	\$155,366
<b>CHRONIC DISEASE PREVENTION AND CONTROL</b>	
Cardiovascular Health Program	\$0
Diabetes Control Program <i>Diabetes Alliance of Idaho</i>	\$350,000
National Breast and Cervical Cancer Early Detection Program <i>Women's Health Check</i>	\$1,463,132
National Comprehensive Cancer Control Program	\$0
WISEWOMAN	\$0
<b>MODIFYING RISK FACTORS</b>	
National Tobacco Prevention and Control Program <i>Idaho Tobacco Prevention and Control Program</i>	\$1,020,418
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	\$0
<b>Total</b>	<b>\$3,148,729</b>

*The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.*

### Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in Idaho that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

# Opportunities for Success

## Chronic Disease Highlight: Obesity

Idaho's adults are becoming increasingly overweight and obese. In 2003, 59.0% of adults in the state were either overweight (37.2%) or obese (21.8%). The percentage of Idaho adults who were obese rose 6.8% (from 15.0% in 1994 to 21.8% in 2003). Similarly, the number of Idahoans who reported being diagnosed with diabetes increased 2.7% (from 3.6% in 1994 to 6.3% in 2003). According to the Idaho Department of Health and Welfare, overweight individuals with and without diabetes tend to suffer more health problems than those who are of normal weight.

The prevalence of overweight, obesity, and diabetes increases with age. In Idaho, the obesity prevalence rate in 2003 was higher for each successive age group until age 64: for adults aged 18 to 24, the rate was 12.5%; for those aged 25 to 34, the rate increased to 18.8%. For adults aged 35 to 44, the rate was 24.2%; for those aged 45 to 54, 26.4%; for those aged 55 to 65, 27.4%; and among those aged 65 and older, the rate dropped to 21.5%. According to 2003 data from the Behavioral Risk Factor Surveillance System, 7.2% of Idahoans aged 45 to 54 reported that they had been diagnosed with diabetes, compared with 11.6% of those aged 55 to 64, and 13.6% of those aged 65 and over. In addition, CDC mortality data from 2001 indicate that the death rate from diabetes was higher in Idaho (26.2 per 100,000) than it was nationally (25.2 per 100,000).

There were also gender disparities for these conditions. Men in Idaho are more likely to have been diagnosed with diabetes than women (7.0% of men, compared with 5.6% of women). Obesity rates in Idaho also mirror this trend: men are more likely to be overweight than women (45.0% of men are overweight, compared with 28.8% of women), and they are slightly more likely to be obese than women (the obesity rate for men is 22.7%, compared with 20.8% for women).

In an effort to reduce the risk associated with diabetes and other chronic diseases caused by overweight, obesity, and diabetes, the Idaho Diabetes Prevention and Control Program, in conjunction with the CDC and the National Diabetes Education Program, is launching programs to provide support to health care providers and their overweight patients.

Text adapted from *Overweight, Obesity, and Diabetes in Idaho*, Winter 2004.

## Disparities in Health

Almost 20% of the U.S. population resides in rural areas. People in these areas have a higher risk of heart disease, diabetes, and cancer, which is attributable in part to a population that is older, sicker, poorer, and less educated. There are disparities in health status between rural and urban populations; in addition, there are disparities in infrastructure or professional capacity to address these health needs. For residents of rural areas, these disparities include a lack of access to health care professionals and health care services.

Rural areas comprise 88.3% of the state of Idaho. These areas are home to 36.2% of the total population of the state. Throughout most of the 1990s, most rural areas in the state experienced growth, but substantial growth took place in areas that were adjacent to urban areas. The demographic makeup of the state is changing in two significant ways: youth are moving from rural areas and Hispanic populations are migrating to these areas. From 1997 to 1998, 15 counties in Idaho experienced population losses, which have resulted in an aging rural population that lives in areas that lack adequate health care facilities and support. The state may also face new disparities in the future—Idaho is approximately 88% white, however, at 9%, Hispanics are the state's largest minority group, and this percentage is expected to grow. Data from CDC's 2003 Behavioral Risk Factor Surveillance System indicate that almost 5.9% of Hispanics reported having been diagnosed with diabetes and 17.4% reported having been told that they have high blood pressure. While these rates are lower than the corresponding rates for whites (6.2% and 23.2%, respectively), they still represent potential health problems within the growing Hispanic population in Idaho.

## Other Disparities

- **Colorectal Cancer Screening:** In 2002, 48.1% of women in Idaho reported that they used a fecal occult blood test to screen for colorectal cancer, compared with 42.5% of men.
- **Diabetes:** In Idaho, percentage of men who report they have been diagnosed with diabetes (6.4%) is higher than the percentage for women (5.8%).
- **Nutrition:** In Idaho, 25.4% of women consume 5 or more servings of fruits and vegetables, compared with 15.3% of men.
- **Obesity:** Hispanics have higher obesity rates (27.4%) than whites (21.5%).

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E-mail: [ccdinfo@cdc.gov](mailto:ccdinfo@cdc.gov) | Web: <http://www.cdc.gov/nccdphp>